## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/ 596027 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

## **CLAIMS**

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TOTAL DEP.	18	<b>+</b>		<b>+</b>		<b>+</b>
TOTAL CLAIMS	19					

PTO - 1360 (REV. 11/04)

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TOTAL DEP.		<b>(</b>		<b>←</b>		<b>4</b>
TOTAL CLAIMS		34.3				
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